Image# 14941786160 PAGE 1 / 10

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

101	r Other Than An A	utilolizea Committe		Office Use Only
NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typir over the lines.	g, type 12FE4M5	5
Kidney Care Partners Po	olitical Action Con	nmittee		
ADDRESS (number and street)	5746 Union Mill Road			
Check if different	P.O. Box 160			
than previously reported. (ACC)	Clifton		VA VA	20124
2. FEC IDENTIFICATION NUM	BER ▼	CITY A	STATE ▲	ZIP CODE ▲
C C00431924	3.		N) OR A	MENDED)
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5) Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	N			20 (M9) Dec 20 (M12) (Non-Election Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q1)				
X July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election Report for the:	Primary (12P	H	
October 15 Quarterly Report (Q3)				
January 31 Year-End Report (YE)	Elec	etion on	D D / Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	,	Runoff (30R) Special (30S)
Termination Report (TER)	Report for the:	ction on	D = D / Y = Y = Y = Y	in the State of
5. Covering Period 04	/ D D / Y Y O1 2014		M M / D D D 30	2014
I certify that I have examined this I	Report and to the best Susan Renee Murdock	of my knowledge and b	elief it is true, correct ar	d complete.
Signature of Treasurer Susan Re	enee Murdock	[Electronically	Filed] Date 07	M / D D / Y Y Y Y Y Y 14 14 2014
NOTE: Submission of false, erroneou	is, or incomplete informa	tion may subject the pers	on signing this Report to	he penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Kidney Care Partners Political Action Committee

Report Covering the Period: From: 04 01 2014 To: 06 30 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		18867.76
	(b) Cash on Hand at Beginning of Reporting Period	27467.76	
	(c) Total Receipts (from Line 19)	17750.00	29850.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	45217.76	48717.76
7.	Total Disbursements (from Line 31)	6735.81	10235.81
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38481.95	38481.95
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Kidney Care Partners Political Action Committee

cions (other than loans) From: viduals/Persons Other n Political Committees Itemized (use Schedule A)	10250.00	17350.00
n Political Committees Itemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii)	0.00	
Unitemized (use Schedule A) Unitemized TOTAL (add Lines 11(a)(i) and (ii)	0.00	
Unitemized TOTAL (add Lines 11(a)(i) and (ii)	0.00	
TOTAL (add Lines 11(a)(i) and (ii)▶		0.00
TOTAL (add Lines 11(a)(i) and (ii)▶		
	40050.00	
	10250.00	17350.00
	0.00	0.00
tical Party Committees	0.00	3.00
h as PACs)	7500.00	12500.00
		7
	17750.00	29850.00
mmittees	0.00	0.00
s Received	0.00	0.00
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
	0.00	0.00
	3.00	
	0.00	0.00
	7	
Federal Account		
n Schedule H3)	0.00	0.00
Founds (form Oakadul 195)	0.00	0.00
runas (from Schedule H5)	0.00	0.00
Transfers (add 18(a) and 18(b))	0.00	0.00
	al Contributions (add Lines a)(iii), (b), and (c)) (Carry als to Line 33, page 5)	al Contributions (add Lines a)(iii), (b), and (c)) (Carry als to Line 33, page 5)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal	10101 11110 1 61100	Calcilual Teal-10-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
	000	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	85.81	85.81
(c) Total Operating Expenditures	00.01	00.01
(add 21(a)(i), (a)(ii), and (b))▶	85.81	85.81
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	6650.00	10150.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use scriedule 1)		0.00
Loan Repayments Made	0.00	0.00
4.9		
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	3.00	
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) rederal Share		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,	2705 04	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6735.81	10235.81
Total Federal Disbursements	-	
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	6735.81	10235.81
,		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17750.00	29850.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17750.00	29850.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	85.81	85.81
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	85.81	85.81

SCHEDULE A (FEC Form 3X) ITEN

FOR LINE NUMBER: PAGE 6

IIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	· ` .		ck only 11a 13	or	ne) 11b 14		11c	-	12 16		17
formation copied from such Reports and Statements ma	ay not be sold or used by any pe	rso	n fo	or the p	urp	ose o	f sc	liciting	cor	ntribut	ions	

Any in or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kidney Care Partners Political Action Committee Full Name (Last, First, Middle Initial) John P Butler Date of Receipt Mailing Address 85 Mosher Lane 21 2014 City State Zip Code Transaction ID: SA11AI.4722 MA Marlborough 01752 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. political contribution Name of Employer Occupation President Genzyme Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Susan Del Bene Date of Receipt Mailing Address 7571 Troon Court 05 23 2014 City State Zip Code Transaction ID: SA11AI.4719 Gilroy CA 35020 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. political contribution Name of Employer Occupation Satellite Healthcare Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Jack Harrington Date of Receipt Mailing Address 2500 Tumblewood 30 2014 06 City State Zip Code Transaction ID: SA11AI.4717 AR Jonesboro 72404 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. political contribution Name of Employer Occupation Senior Vice President U.S. Renal Care Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE NUMBER: PA	GE 7 OF 10
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c	12
, ,		16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kidney Care Partners Political Action Committee Full Name (Last, First, Middle Initial) Sue Rottura Date of Receipt Mailing Address 1905 Clint Moore Road Suite 211 2014 City State Zip Code Transaction ID: SA11AI.4756 FL Boca Raton 33496 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. political contribution Name of Employer Occupation Dialysis Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Barry H Smith Date of Receipt Mailing Address 1192 Park Avenue Apartment 10B 06 10 2014 City State Zip Code Transaction ID: SA11AI.4723 NY New York 10128 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. political contributioin Name of Employer Occupation Rogosin Institute President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Kent i Thiry Date of Receipt Mailing Address 618 Mountain Home Road 2014 05 19 City Zip Code State Transaction ID: SA11AI.4716 CA Woodside 94062 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee.

SUBTOTAL of Receipts This Page (optional)	_		7	I		7	I	65	500.0	00	
TOTAL This Period (last page this line number only)		_	7	_	_	7	_	_	_	Ξ]

5000.00

Occupation CEO

Aggregate Year-to-Date ▼

political contributon

Name of Employer

Primary

Other (specify)

General

DaVita Receipt For:

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

10

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kidney Care Partners Political Action Committee Full Name (Last, First, Middle Initial) Mr. Thomas Weinberg Date of Receipt Mailing Address 2400 Dallas Parkway Suite 350 05 2014 City State Zip Code Transaction ID: SA11AI.4725 TX Plano 75093 Amount of Each Receipt this Period FEC ID number of contributing C 1500.00 federal political committee. political contribution Name of Employer Occupation Senior Vice President General Counsel U.S. Renal Care Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... 10250.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 OF 10
ITEMIZED RECEIPTS		for each category of the	(check only one)
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Kidney Care Partners Political A	Action Co	mmittee	
Full Name (Last, First, Middle Initial)			
A. AMGEN INC. POLITICAL ACTION CO	OMMITTEE		Date of Receipt
Mailing Address 601 13th Street, NW			M = M / D = D / Y = Y = Y
12th Floor City	State	Zip Code	05 23 2014 Transaction ID : SA11C.4728
Washington	DC	20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0251876	2500.00
Name of Employer	Occupation	1	political contribution
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify) ▼		2500.00	
Full Name (Last, First, Middle Initial) B. DAVITA INC POLITICAL ACTION C	COMMITTE	EE ('DAVITA')	Date of Receipt
Mailing Address 601 Hawaii Street C/O CONGRESSIONAL CON	SULTANTS		05 01 2014
City	State	Zip Code	Transaction ID : SA11C.4727
El Segundo	CA	90245	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0340943	5000.00
Name of Employer	Occupation	1	political contribution
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		5000.00	
Full Name (Last, First, Middle Initial)			B. (B.)
C. Mailing Address			Date of Receipt
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		Amount of Lacif Necept this Period
Name of Employer	Occupation	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			7500.00

TOTAL This Period (last page this line number only).....

7500.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 10 OF	10
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the) (check only	one)	
	Detailed Summary Page	21b	22 X 23 24 25 28c 29	26 30b
Any information copied from such Reports and Sta	tements may not be sold or us			
or for commercial purposes, other than using the r				
NAME OF COMMITTEE (In Full)				
Kidney Care Partners Political Ad	tion Committee			
Full Name (Last, First, Middle Initial)				
A. FRIENDS OF SCHUMER			Date of Disbursement	
Mailing Address 509 MADISON AVE SUITE 190	2		06 10 2014	
City	State Zip Code		Transaction ID : SB23.4730	
NEW YORK	NY 10022		1141154CHUH ID : 3D23.4/3U	
Purpose of Disbursement political contribution		011	Amount of Each Disbursement this Period	od
Candidate Name CHARLES E SCHUMER		Category/	4000.00	
	sement For: 2016	Туре		ч
Senate President	Primary General Other (specify)			
State: NY District: 00	Other (specify)			
Full Name (Last, First, Middle Initial)				
B. MARINO FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 653			06 25 2014	
City WILLIAMSPORT	State Zip Code PA 17703		Transaction ID : SB23.4738	
Purpose of Disbursement political contribution		011	Amount of Each Disbursement this Period	od
Candidate Name THOMAS ANTHONY MARINO		Category/ Type	2650.00	
	sement For: 2014	71: -	,	
Senate	Primary General			
President State: PA District: 10	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	
Mailing Address			M M M / D D / Y Y Y Y	
City	State Zip Code			
Purpose of Disbursement				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period	od
Office Sought: House Disbur	sement For:	.,,,,		_
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)	·····•	6650.00	
			6650.00	T
TOTAL This Period (last page this line number or	ıly)		0000.00	